

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - [REDACTED]	2. Fiscal Year Covered From: [REDACTED] / [REDACTED] / [REDACTED] Through: [REDACTED] / [REDACTED] / [REDACTED]
3. Name and address of person filing. Name [REDACTED] P.O. Box, Bldg., Room No., if any [REDACTED] Street [REDACTED] City [REDACTED] State [REDACTED] ZIP Code + 4 [REDACTED]	4. Name, file number, and address of labor organization. Name [REDACTED] Labor Organization File Number [REDACTED] P.O. Box, Building and Room Number, if any [REDACTED] Street [REDACTED] City [REDACTED] State [REDACTED] ZIP Code + 4 [REDACTED]
5. Position in labor organization. [REDACTED]	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name [REDACTED] Trade Name, if any: [REDACTED] P.O. Box, Bldg., Room No., if any [REDACTED] Street [REDACTED] City [REDACTED] State [REDACTED] ZIP Code + 4 [REDACTED]	7.a. Nature of Interest, Transaction, or Income. [REDACTED] 7.b. Amount. [REDACTED]
--	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William M. McIntyre

On

Date

7-3-05

Telephone Number

18-130-1241

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **[REDACTED]**
Trade Name, if any: **[REDACTED]**
P.O. Box, Bldg., Room No., if any **[REDACTED]**
Street **[REDACTED]**
City **[REDACTED]**
State **[REDACTED]** ZIP Code + 4 **[REDACTED]**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust **(FUND ADMINISTRATORS)**
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **FUND ADMINISTRATORS**
Trade Name, if any: **[REDACTED]**
P.O. Box, Bldg., Room No., if any **PO BOX 11100**
Street **[REDACTED]**
City **CHICAGO**
State **IL** ZIP Code + 4 **60611**

11.a. Nature of such dealing.

**CHRISTMAS LUNCHEON
DEC 23, 2004**

11.b. Approximate dollar value of such dealing.

75.

12.a. Nature of interest held or income received.

[REDACTED]

12.b. Amount.

[REDACTED]

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **JOHN B. MCINTYRE, JR.**
Trade Name, if any: **[REDACTED]**
P.O. Box, Bldg., Room No., if any **[REDACTED]**
Street **ONE EAST WASHINGTON AVE**
City **CHICAGO**
State **IL** ZIP Code + 4 **60601**

14.a. Nature of payment.

**WORKERS COMPENSATION
INTERNATIONAL PRESENTATION
BY MIKE COLOMBETTI ON
TICKETS FOR SPORTS EVENTS
WERE DISTRIBUTED. I RECEIVED
4 TICKETS AND PARKING TO
A CHICAGO WHITE SOX GAME.
SEPT. 2004.**

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

170.

Name of Person Filing

WILLIAM M. MCINTYRE

File Number U-

3179

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:



a. Labor Organization



b. Trust - FUNA ADMINISTRATORS



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

BUSINESS LUNCHES
JUNE 2004

11.b. Approximate dollar value of such dealing.

75.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

NAME OF PERSON FILING: WILLIAM M. MCINTYRE

FILE #:

LABOR ORG. FILE #011-398

YEAR COVERED: 2004

TO: U.S. D.O.L.



THE TRANSACTIONS, DEALINGS AND INTERESTS THAT ARE DETAILED IN THE ATTACHED FORM LM-30 REPRESENT MY GOOD FAITH EFFORT TO RECONSTRUCT THE REPORTABLE OCCURRENCES FOR THE PERIOD OF JANUARY 1, 2004 TO DECEMBER 31, 2004. ACCURATE RECORDS OF REPORTABLE OCCURRENCES WERE NOT KEPT FOR THE 2004 FISCAL YEAR, AND SOME ITEMS MAY HAVE BEEN UNINTENTIONALLY OMITTED.

IF, IN THE FUTURE, IT COMES TO MY ATTENTION THAT THERE EXISTS A TRANSACTION, DEALING, OR INTEREST THAT SHOULD HAVE BEEN REPORTED FOR THE PERIOD OF JANUARY 1, 2004 TO DECEMBER 31, 2004, I WILL IMMEDIATELY FILE AN AMENDED FORM LM-30

SINCERELY,

William M. McIntyre
WILLIAM M. MCINTYRE